

1 Fee 3731

DOCKET NO. PRES06-00181

PATENT

Customer No. 23990

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In application of : RONALD A. SCHACHAR, ET AL.
U.S. Serial No. : 10/080,877
Filed : February 22, 2002
For : SYSTEM AND METHOD FOR MAKING INCISIONS FOR SCLERAL EYE IMPLANTS
Group No. : 3731
Examiner : Darwin P. Erez

MAIL STOP AMENDMENT

Commissioner for Patents
P. O. Box 1450
Arlington, VA 22313-1450

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

Sir:

The undersigned hereby certifies that the following documents:

1. Amendment and Response to Office Action;
2. Petition for Extension of Time - 2 month (in duplicate);
3. Fee Transmittal for FY 2006 (in duplicate);
4. Check in the amount of \$450.00 (for two month Extension of Time fee); and
5. Postcard receipt

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 28, 2006.

Date: April 28, 2006

Kathy Hamilton
Mailer

Date: April 28, 2006

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|--|--|---|--|
| <p>Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2006</h2> | | <p>Complete if Known</p> | |
| <p>Applicant claims small entity status. See 37 CFR 1.27</p> | | <p>Application Number: 10/080,877</p> | |
| <p>TOTAL AMOUNT OF PAYMENT (\$ 450.00)</p> | | <p>Filing Date: February 22, 2002</p> | |
| <p></p> | | <p>First Named Inventor: Ronald A. Schachar</p> | |
| <p></p> | | <p>Examiner Name: Darwin P. Erez</p> | |
| <p></p> | | <p>Art Unit: 3731</p> | |
| <p></p> | | <p>Attorney Docket No.: PRES06-00181</p> | |

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 50-0208
 Deposit Account Name: Davis Munck P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|---|---------------------|-----------------|----------------------|--------------------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| _____ - 20 or HP = _____ | x _____ | = _____ | | Fee (\$) Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | |
| _____ - 3 or HP = _____ | x _____ | = _____ | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition of Extension of Time -two month fee

Fees Paid (\$)\$450.00**SUBMITTED BY**

| | | |
|-------------------------------------|---|---------------------------|
| Signature: <u>William A. Munck</u> | Registration No. (Attorney/Agent): 39,308 | Telephone: (972) 628-3600 |
| Name (Print/Type): William A. Munck | Date: <u>April 28, 2006</u> | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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